PAY TVL  NAME:  SSN:				GA PA	GP	CP			
				REPORT TO:					
				START:		F	END:		
RATIONS AVAIL: Y/N	QUARTERS AVAIL: Y/I	N		PER DIEN RATE:	М	F	RTM:		
02 Variation in itin 03 Mission requir 04 Government to 05 Commercial a 06 Travel by POC 13 Government n 15 Partial govern 18 Use of special 20 Reimburseme 26 Enlisted perso 52 All government o 55 Signature cert are different , 57 Government o the nonavailab	MAINT SP' MAIL INSE  UCTION TABLE  er must be filed within 5 da herary is authorized es remaining overnight ransportation directed or F irline ticket will be furnishe	3a - 40C T 3b - 403 T 3C - 40E A 3d - 469  Ays after complete to the complete	ense to the Wagonlit T	AERIAL RE DDR 6 - 461  Approved &  approve	RECON 5a - 40  CON 5b - 40  BRI COI Dire	UCE R. JONIL, GS, TNAR ector, Counter	erformance	E-NO PAY	
CIRCLE ONE: AMEND (HOW			(HOW C	CHANGED)					
AMEND REVOKE									
		DATE KEYED:				ORDER#			
Removed: A B C D	EFGHJKLM	[		Est. Cost:					
Adjusted: A B C D	EFGHJKLM		1198:		1199:	1	1250:		